



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 6, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Chipotle Mexican Grill, 6005 'O' Street Suite A requesting a class I liquor license.

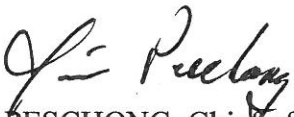
Timothy Peterson has requested that he be approved as the manager of the liquor license.

Mr. Peterson is a currently approved liquor license manager in the State of Nebraska.

Mr. Peterson has only minor traffic violations on his record.

Mr. Peterson is scheduled to complete the required training on September 9th 2013.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Chipotle Mexican Grill

Street Address #1 ~~5915 O Street~~ 6005 "O" Street

Street Address #2 Suite A

City Lincoln

County Lancaster #2

Zip Code 68510

Premise Telephone number TBD 402-

E-mail Licensing@chipotle.com

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Chipotle Mexican Grill

Street Address #1 Attn: Licensing

Street Address #2 1401 Wynkoop St, Suite 500

City Denver

State CO

Zip Code 80202

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length See total sqft feet

Width See total sqft feet

Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Total Square feet: 2600

See attached.

No Basement

No Outdoor Area
to be on license

1 story building approx.

40 x 65

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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**NEBRASKA
CONTROL COMMISSION****2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: PETERSON

First Name: TIMOTHY

MI: W

Home Address (include PO Box if applicable): 11658 WILLOW PARK DR

City: GRETNA

County: SARPY

Zip Code: 68028

Home Phone Number: 402-216-5222

Business Phone Number: 402 -

Social Security Number:

Drivers License Number & State: NE -

Date Of Birth:

Place Of Birth: Faribault, MN

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Not Married

Spouse's information

Spouses Last Name:

First Name:

MI:

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth:

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Bellevue NE	2003	2006			
Gretna NE	2006	2013			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	2013	Chipotle Mexican Grill	Mark Mader	913.660.4236
2000	2004	Garden Cafe	Brian Lockman	402.578.6714

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

SEE ATTACHED

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**) ☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

TIPS Online Training and Certification (June 2009 - Online)

*certificate expired
required training*

CERTIFICATE OF BIRTH

BIRTH NO.	NAME OF CHILD Timothy William Peterson		DATE OF BIRTH
PLACE OF BIRTH City of Faribault, Rice County, Minnesota			SEX Male
NAME OF FATHER William Marvin Peterson	AGE OF FATHER 35 years	COLOR OR RACE OF FATHER	BIRTHPLACE OF FATHER Minnesota
MAIDEN NAME OF MOTHER Sharon Ann Bosshart	AGE OF MOTHER 32 years	COLOR OR RACE OF MOTHER	BIRTHPLACE OF MOTHER Minnesota
USUAL RESIDENCE OF MOTHER Rice County, Minnesota			DATE OF FILING Jan. 6, 1976

State of Minnesota,)
 County of Rice) ss.
 District Court
 Third Judicial District

I, Robert L. Langer, Clerk of the District Court, in and for said County and State
 aforesaid, do hereby certify that the foregoing is a full and complete transcript of the entries
 appearing of record in the Register of Births now remaining in my said office relative to the
 Birth of the said

Timothy William Peterson

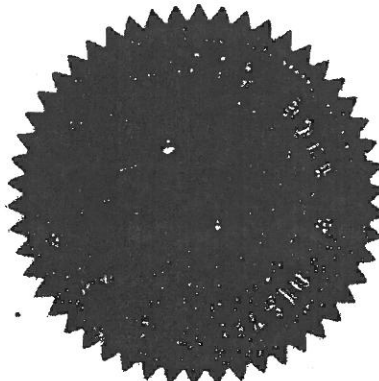
and of the whole thereof.

WITNESS my hand and seal of said Court hereto affixed at Faribault, Minn., this

17th day of August A. D. 1981

Robert L. Langer Clerk

By James H. McCorkle Deputy



[Handwritten signature]

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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FEB 10 2010
LCC
COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: National Registered Agents, Inc (6003 Old Cheney Road, Lincoln NE 68516)

Name of Corporation that will hold license as listed on the Articles

Chipotle Mexican Grill, Inc

Corporation Address: 1401 Wynkoop St, Suite 500

City: Denver State: CO Zip Code: 80202

Corporation Phone Number: 303-595-4000 Fax Number: 303-390-5620

Total Number of Corporation Shares Issued: 31,229,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Moran First Name: Montgomery MI: F

Home Address: 7705 Fairview Rd City: Boulder

State: CO Zip Code: 80303 Home Phone Number: 303-595-4000

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of DENVER

The foregoing instrument was acknowledged before me this

by MONTGOMERY MORAN
name of person acknowledge

Affix Seal

LACY LOUISE LINCOLN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20124080866
MY COMMISSION EXPIRES DECEMBER 2012

FORM 101
REV 12/2010
Page 1 of 4

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Ells First Name: Matthew MI: Steven

Social Security Number: _____ Date of Birth: _____

Title: CO-CEO/Director Number of Shares < 5%

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

*signed
prints*

Last Name: Moran First Name: Montgomery MI: F

Social Security Number: _____ Date of Birth: _____

Title: CO-CEO/Director Number of Shares < 1%

Spouse Full Name (indicate N/A if single): Kathryn A. Moran

Spouse Social Security Number: _____ Date of Birth: _____

*signed
prints*

*signed
spousal*

Last Name: Hartung First Name: John MI: Robert

Social Security Number: _____ Date of Birth: _____

Title: CFO Number of Shares < 1%

Spouse Full Name (indicate N/A if single): Nancy Sue Hartung

Spouse Social Security Number: _____ Date of Birth: _____

signed

*signed
spousal*

Last Name: Baldocchi First Name: Albert MI: S

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares < 1%

Spouse Full Name (indicate N/A if single): Anne Cecile Baldocchi

Spouse Social Security Number: _____ Date of Birth: _____

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FORM-101
REV 12/2010
101-101

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Charlesworth First Name: John MI: S

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares <1%

Spouse Full Name (indicate N/A if single): Linda Charlesworth

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Flanzraich First Name: Neil MI: W

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares <1%

Spouse Full Name (indicate N/A if single): Kira Flanzraich

Spouse Social Security Number: N/A Date of Birth: _____

Last Name: Flynn First Name: Patrick MI: J

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares <1%

Spouse Full Name (indicate N/A if single): Alice T Flynn

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Friedman First Name: Darlene MI: J

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares <1%

Spouse Full Name (indicate N/A if single): Alan Harvey Friedman

Spouse Social Security Number: _____ Date of Birth: _____

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FORM 101
REV 12/2010
Page 3 of 4

COMMONWEALTH OF MASSACHUSETTS
SECURITIES COMMISSION